



**MONROE COUNTY PUBLIC HEALTH DEPARTMENT
CHILDHOOD LEAD POISONING PREVENTION PROGRAM
LEAD HAZARD CONTROL GRANT APPLICATION**

OCCUPANT INCOME VERIFICATION FORM

OWNER-OCCUPANTS:

COMPLETE ALL SECTIONS (2 PAGES), SIGN FORM AND RETURN TO ADDRESS ON BOTTOM OF PAGE 2.

INVESTOR OWNERS:

ASSIST TENANT WITH THE COMPLETION OF FORM. TENANT MUST COMPLETE ALL SECTIONS (2 PAGES) AND TENANT MUST SIGN FORM. OWNER RETURNS FORM TO ADDRESS ON BOTTOM OF PAGE 2.

☐ OWNER –OCCUPANT PROPERTY

☐ TENANT PROPERTY

GRANT PROPERTY INFORMATION:

Street # and Street Name

Apt #

City

State

Zip

HEAD OF HOUSEHOLD INFORMATION:

First Name

Last Name

Home Phone

Work Phone

INCOME INFORMATION:

TOTAL FAMILY INCOME: _____

(NOTE: Family income = total of all income for all adults residing in household)

TOTAL # OF PEOPLE IN HOUSEHOLD: _____

IS FAMILY ON MEDICAID? ☐ YES ☐ NO

INCOME SOURCE (S)? ☐ PUBLIC ASSISTANCE ☐ SOCIAL SECURITY

☐ SECTION 8

☐ WORK

☐ OTHER: _____



**MONROE COUNTY PUBLIC HEALTH DEPARTMENT
CHILDHOOD LEAD POISONING PREVENTION PROGRAM
LEAD HAZARD CONTROL GRANT APPLICATION**

OCCUPANT INCOME VERIFICATION FORM

LIST ALL MEMBERS OF THE HOUSEHOLD (NAME, BIRTHDATE AND SEX)

	<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>
1.	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
2.	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
3.	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
4.	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
5.	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
6.	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
7.	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

I certify that the information provided on this form is true and correct. The County of Monroe is hereby authorized to verify this information in any appropriated manner and to request additional information if necessary.

Occupant Name (print)

Signature

Date

PROPERTY OWNER INFORMATION:

Owner First Name

Owner Last Name

Street # and Street Name

Apt #

City

State

Zip

Home Phone

Work Phone

Property Owner - Please Return Completed Form to:

**Monroe County Public Health Department
Childhood Lead Poisoning Prevention Program, HUD Grant
111 Westfall Road, Room 844
P.O. Box 92832
Rochester, New York 14692**